

10824704

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO:

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP
1				
2	1			
3	1			
4	1			
5	2	✓		
6	2	✓		
7	2	✓		
8	1			
9	1			
10	1			
11	1			
12	1			
13	1			
14	1			
15	1			
16	1			
17	1			
18	1			
19	1			
20	1			
21	1			
22	1			
23	1			
24	2	✓		
25	1			
26	1			
27	1			
28	1			
29	1			
30	1			
31				
32				
33				
34				
35				
36				
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41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
TOTAL IND.	3			
TOTAL DEP.	31			
TOTAL CLAIMS	34			

CLAIMS	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS	1					